ATTORNEY PAYMENT REQUEST

(attorney hourly fees, attorney travel expenses & misc. expenses)

Case Name _____ v. _____
Plaintiff **Defendant(s) you are representing**

Your invoice # _____ Date of invoice _____

Attorney Name _____

Firm Name _____

Firm Billing Address_____
(Street or PO Address, City, State, Zip) (this is where check will be mailed)

Your billing contact information: Name_____

Phone _____ Fax _____ Email _____

Special Instructions:

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For HCSF Use Only: Authorized by: _____ Date: _____ Atty #: _____

Total Attorney Hourly Fees (F) _____
Total Attorney Travel Expenses (E) _____
Total Attorney Misc. Costs (M)_____

Total Attorney Charges: $_____ Case No: _____ Case Letter: _____

_____	**_____**	**_____**	**_____**
Defendant) ( )	**Defendant ( )**	**Defendant ( )**	**Defendant ( )**
(F)_____	**(F)_____**	**(F) _____**	**(F) _____**
(E)_____	**(E) _____**	**(E) _____**	**(E) _____**
(M)_____	**(M) _____**	**(M) _____**	**(M)_____**

_____ KU Foundation _____KU Residency _____WCGME _____GMED